

FAMILY SEPARATION ALLOWANCE

SSN: _____ NAME: _____
 FROM DATE: _____ TO DATE: _____ MPC: _____ UIC: _____

ADDRESS OF DEPENDENTS: _____

IF CLAIMING FSA TYPE II FOR PARENTS, I CERTIFY THAT I MAINTAIN A RESIDENCE FOR MY DEPENDENTS AND HAVE ASSUMED THE LIABILITIES AND RESPONSIBILITIES THEREOF, AT THE ADDRESS(S) SHOWN ABOVE, WHERE I WILL LIKELY RESIDE DURING PERIODS OF LEAVE OR SUCH OTHER TIMES AS MY DUTY ASSIGNMENT MIGHT PERMIT.

I AGREE TO NOTIFY MY COMMANDING OFFICER PROMPTLY OF ANY CHANGE IN DEPENDENCY STATUS: IF MY SOLE DEPENDENT OR ALL OF MY DEPENDENTS MOVE TO THE AREA OF THIS STATION OR IF MY DEPENDENT(S) VISITS AT THIS STATION FOR MORE THAN THREE MONTHS (30 DAYS IN THE CASE OF (FSA SHIP) (FSA TMPRY)) WHILE I AM IN RECEIPT OF FAMILY SEPARATION ALLOWANCE.

I CERTIFY TO THE FOLLOWING FACTS (CHECK THE APPLICABLE STATEMENT(S))

- ____ I AM NOT DIVORCED OR LEGALLY SEPARATED FROM MY SPOUSE.
 ____ MY DEPENDENT CHILD (CHILDREN IS (ARE) NOT IN THE LEGAL CUSTODY OF ANOTHER PERSON.
 ____ MY DEPENDENT IS NOT A MEMBER OF THE MILITARY SERVICE ON ACTIVE DUTY.
 ____ MY SOLE DEPENDENT IS NOT IN AN INSTITUTION FOR A KNOWN PERIOD OF OVER ONE YEAR OR AN INDEFINITE PERIOD WHICH MAY BE EXPECTED TO EXCEED ONE YEAR.

DATE: _____ SIGNATURE OF MEMBER: _____

THE MEMBER WAS DETACHED FROM DUTY STATION: _____
 OR OTHERWISE BECAME ENTITLED AS SHOWN IN THE REMARKS FIELD ON DATE _____
 AND WAS ON LEAVE ENROUTE FROM _____ TO _____
 AND HE REPORTED TO DUTY STATION: _____
 ON DATE: _____ NOT: TRANSPORTATION OF HIS DEPENDENTS IS NOT AUTHORIZED
 AT GOVERNMENT EXPENSE TO OR NEAR THIS STATION.

TRAVEL PERFORMED UNDER AUTHORITY OF _____
 DATE: _____ THE MEMBERS DEPENDENTS ARE NOT IN A DOUBTFUL STATUS
 AWAITING DEPENDENCY DETERMINATION: _____
 REMARKS _____

CERTIFYING OFFICER'S NAME AND GRADE:

 DATE CERTIFYING OFFICER'S SIGNATURE